

# Newsletter 2007

women's  
health  
australia

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## Current events

The research team would like to take this opportunity to thank each participant for her commitment to the Women's Health Australia project. Your ongoing participation over the years has helped us to inform governments and other agencies about the health needs of all Australian women.

This year the women in the mid-age group have completed their fifth major survey. There has been a great response to this survey, thank you to everyone for taking the time to complete it. If you are in this age group and have not received the survey, please email us at [whasec@newcastle.edu.au](mailto:whasec@newcastle.edu.au) or phone our Freecall number 1800 068 081.

Early in the year the project received extensive media coverage generated by the release of a report to the Australian government on the incidence of chronic illness in Australian women. The research team also recently prepared a report to the Australian government on women and their weight. The findings from these reports and other publications, including reports to federal and state governments and articles published in scientific journals, can be found on our website at [www.alsw.org.au](http://www.alsw.org.au)

We hope you enjoy reading this edition of our newsletter.

## A special thank you

Each year some participants are invited to take part in additional surveys. The research team would like to say a special thank you to participants who completed extra surveys this year. The topics covered included:

- a mailed survey about retirement plans that was sent to some participants in the mid-age group
- a mailed survey, followed by a phone interview, that were completed by 259 participants in the older age group
- a mailed survey about caring that was completed by 298 participants from the mid-age group

## Fifth major survey for women aged 82 - 87

In March 2008, the women in the older age group will be invited to take part in their fifth major survey for the project. If you are in this age group and have any changes to your address details please let us know. You may use the enclosed change of address card, phone our Freecall number 1800 068 081, or email us at [whasec@newcastle.edu.au](mailto:whasec@newcastle.edu.au)

*Women's Health Australia is a non-commercial research project funded by the Australian Government Department of Health and Ageing and has no connection or association with a Pacific Publications (Rodale International) magazine publication called "Australian Women's Health".*

# Y o u n g e r

## Complementary & Alternative Medicine



Women are major consumers of Complementary and Alternative Medicines (CAMs). Recent research from the Women's Health Australia project indicated that over 20% of the

younger women have used yoga or meditation in the last twelve months. A similar number has used aromatherapy oils and prayer or spiritual healing. In the past twelve months 66% had taken vitamins and or minerals, 19% had used herbal medicines and 5% had used Chinese medicines.

Younger women also reported consultations with alternative health practitioners over the past twelve months. Over 38% reported consulting a massage therapist, 14% had been to a chiropractor and 9% had consulted an aromatherapist. Just over 7% had consulted an acupuncturist and 13% had been to a naturopath / herbalist.

The research team has already published some scientific papers on the use of these therapies by mid-age women and the results have shown some interesting differences between users and non-users. For instance, CAM users were more likely than CAM non-users to reside in non-urban areas, to report poorer health, have more symptoms and illness and be higher users of conventional health services.

Given the potential for complementary and alternative medicines to interact with prescription medication, it is important that women discuss their CAM use with all of their health care providers. The research team plans to undertake further research into this topic with the data from the younger age group.

## Lifestyle and Diversity

The Women's Health Australia project has found that young Australian women's lives are far more diverse than has ever been the case. Social and demographic changes have resulted in an extended period of exploration and change in which many women move in and out of study and work. Many women choose marriage and motherhood, but cohabitation, unpartnered parenthood and other non-traditional lifestyles are far more common than in previous generations.

In 2006, 53% of the younger women taking part in the survey were married, 18% were living in a de facto relationship, 4% were separated, widowed or divorced and 23% had never been married.

Many younger women are travelling overseas. In 2005 32% of the women who completed the survey had spent time overseas. Of those, 25% had spent more than 2 months out of Australia.

Around one in four of the younger women felt rushed, pressured or too busy every day and half said they never had time on their hands that they didn't know what to do with. Although they are busy, the majority of the younger women appear to be satisfied with most aspects of their lives, with well over 80% expressing satisfaction with work, career, study, family and close personal relationships. The future is looking good for younger women as 78% believe that what they are doing is worthwhile and 76% feel confident about whatever the future may bring.

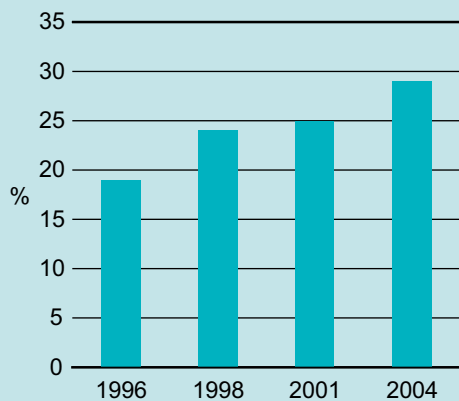
### Did you know?

At Survey 3, around a quarter of younger women on the oral contraceptive pill had been using this method for 10 years or more. After adjusting for other factors, no association was found between the use of the pill and symptoms of depression.

# Mid-age

## Caring for carers

Over the course of the Women's Health Australia project, the number of mid-aged women who care for others has increased. As can be seen on the graph, in 2004 around a quarter of mid-aged women were involved in caring for someone who was frail, ill or disabled. Caring impacts on many facets of the lives of carers and the research team has been undertaking an in depth look at some of these issues.



Percentage of mid-aged women caring for someone of each survey.

To date, results have indicated that women who provide regular care are in poorer health than women who do not provide regular care. Furthermore, compared to non-carers, carers are less economically advantaged. The results from this research also suggest that caring has an impact on the workforce participation of mid-aged women. When mid-aged women commence caring they tend to reduce their participation in the paid workforce. When women cease their caring role, while some return to their former levels of employment, many decrease their work hours. It would also seem that caring for others may accelerate mid-aged women's departure from the workforce.

Some women care for someone with a long term disability, illness or frailty over many years, but for many women their caring role is transitory and may change over time. It is important for policy makers to understand how long and short term caring affects the lives of women. The research team has recently provided a report to the Australian Government on the topic of caring.

## Paid work and Mid-age women

As the mid-aged women approach what has traditionally been thought of as the "age of retirement" participants may have observed an increasing number of questions in the surveys about retirement. Mid-aged women now play a larger role in the labour force than ever before and little is known about their plans for retirement.



The results from the WHA project show the increasing role of paid work in mid-aged women's lives. Almost 30% of participants in the mid-age group increased their hours of work between Survey 1 in 1996 and Survey 4 in 2004.

In 2004, 65% of the women then aged 53-58 said that they were not retired, just over 10% had partially retired and about 20% had completely retired. Women who were separated or divorced at that time were less likely to have retired than women who were widowed or married. Compared with women who were not retired, women who were still working were more likely to have more qualifications and to have dependent children living at home. Survey results have shown that making decisions about retirement depends on several factors including health status, retirement of a partner and a need to care for others.

WHA survey results have indicated close links between paid work and women's health. Mid-aged women who were always in paid work between 1996 and 2004 had better physical and mental health scores than other women. However many women commented on the detrimental impact that working long hours and physical labour can have on physical and mental health.

# Older

## Experiencing widowhood

Women's Health Australia recognises the importance of research into widowhood. Earlier in the project the research team invited women who had experienced the recent death of a partner to complete an additional survey. After the death of a partner, women face many challenges including grief, loss, and overwhelming changes in financial, housing and social circumstances. It is a period of time where women might draw heavily on their resilience and the support and strengths of family and friends.

Women described the period following the death of their partner as a time of shock and bewilderment and noted that it takes time to re-establish a life. Results from the survey confirmed these statements: in the first twelve months following the death of a partner, women scored lower on physical and mental health measures than women who were married. However, women who had been widowed for 12 months had similar health to that of married women. Many women wrote of the following years as being characterised by positive change and a sense of the future.

*"For the last few years I have cared for my husband. After years of marriage I lost him a few months ago. I am so lonely now but I see other widows and they are coping. I know I must be able to in time."*

For many newly widowed women, social relationships and support from friends and family were integral to their recovery. A common thread was the need to keep busy, and several women wrote of experiencing "good days and bad days".

The women who have participated in our studies have provided valuable insights into their lives after the death of their partners.

## Older women as volunteers

Volunteering is a very important aspect in many women's lives. At survey four of the older age group, then aged 79-84 years, 40% of women indicated that they had undertaken some voluntary work. Around half of those women volunteered on a weekly basis.



On the back page of the survey many women took the opportunity to mention what type of voluntary work they undertook. The activities covered a very wide range and included working in opportunity shops, undertaking bush regeneration, delivering meals on wheels, providing administrative support for organisations such as sporting clubs and ex-service organisations, and making craft for church and charity organisations to sell. Women in this age group also teach subjects such as tai chi, computer skills, arts and crafts, English as a second language and tutor in foreign languages.

Volunteering was frequently described as an opportunity to receive, as well as give social support to others. Being useful to the community appears to play a significant role in the promotion of physical and mental well-being. Many women commented that undertaking voluntary work made them feel useful to their communities. Several women living in retirement villages were volunteering within their villages, in libraries and kiosks, as craft teachers and assisting occupational therapists with daily therapies.

WHA research is underscoring the important role that older volunteers play in our community.

# Putting information together to improve health and health care services for Australian women



## Background

You may remember that during this project we have asked you for permission to receive details from Medicare Australia about your use of Medicare-funded health services. By putting the Medicare data together with the survey data, we have looked at general patterns of use of health services, particularly general practitioner and specialist consultations. Having these data has helped us to write reports about women's access to health services and particularly about how much the services cost according to where women live around the country. These reports have been provided to the government to help improve services for women.

## What's new?

Following discussion with Medicare Australia, information held by them may be regularly provided to the research team from 2005 without you needing to consent every time. Other information such as birth and death records, disease registers and hospital discharge records may also be available subject to strict privacy and confidentiality rules. Names and addresses are not included with the information. The project staff analysing these datasets and the survey data have signed confidentiality statements and they have no information in the datasets that could identify an individual person. This research is conducted in accordance with relevant privacy requirements and other legislation protecting this information and is subject to final approval being granted by government and university ethics committees.

## What happens next?

You do not need to do anything. However if you have any questions about this process or if you need more information, please call the Freecall number and we will send you a more detailed information sheet. If you have concerns about this new method of data collection, you can opt out of this by phoning the Freecall number 1800 068 081. We will provide updates in future newsletters about our progress and findings and how this research will benefit the health of women now and in the future.

If you have any concerns about this project, and would prefer to discuss these with an independent person, you should feel free to contact the University of Newcastle's Human Research Ethics Officer on (02) 4921 6333 or write to them at Research Branch, The University of Newcastle, University Drive, Callaghan NSW 2308. You could also contact the University of Queensland's Human Research Ethics Officer on (07) 3365 3924 or write to them at the University of Queensland, St Lucia QLD 4072.

## Did you know?

**We analyse information about medications that you provide on the survey as well as information that is provided by the PBS. Those two sources of information allow us to examine the types of medicine women are using. The PBS data does not provide information about medications that can be bought over-the-counter or that are used as needed – your survey data is an important source of information about the use of these medicines.**

# The Women's Health Australia team write a 'how to' book

The investigators and staff of the Women's Health Australia project have collaborated to write a practical guide to the development and successful management of longitudinal research. While specifics of research methods are well covered in academic and course-work texts, methods of meeting the day-to-day practical challenges of running a long-term study have not been presented in a single volume.

The book is aimed at both novice and experienced researchers and will assist them to plan, establish and conduct a longitudinal research study. The book may be read from cover to cover, although it is designed so that each section stands alone, allowing the reader a readily accessible guide to overcoming the challenges that occur during longitudinal research.

The book covers a diverse range of topics including planning for a longitudinal study, recruiting personnel, designing surveys, developing accurate record systems, managing data, participant involvement and communicating and disseminating information.

The authors use the Women's Health Australia project as an illustrative example to elaborate on each topic.



## The Men, Women and Ageing Study

In 2006, we decided that it would be useful if we could compare some of the data from the older age group with data from a similar aged group of men. The Health in Men Study (HIMS) has been running in Western Australia since 1996 and the surveys that have been used since 2001 have been modelled on those of the WHA older age group surveys. As a result of funding from the NHMRC / ARC Ageing Well, Ageing Productively Program, we have initiated the *Men, Women and Ageing* study which will allow us to combine and analyse data from both older men and women. This will allow us to look closely at the factors that contribute to ageing successfully and to see if these differ in men and women. We envisage that this project will add significantly to our understanding of factors which predict continued good health, social engagement, independence and quality of life among older Australian women and men.



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